PART B - FEE(S) TRANSMITTAL

Complete and send this form, together w

applicable fee(s), to: Mail Mail Stop ISSU EE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This appropriate. All further conditions the indicated unless corrected maintenance fee notifications.	form should be used for correspondence includin d below or directed oth ions	or transmitting ig the Patent, ac serwise in Block	the ISSU Ivance of (1, by (a								
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
FITZPATRICK CELLA HARPER & SCINTO 1290 Avenue of the Americas NEW YORK, NY 10104-3800						Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
							******		(De _l	oositor's name)	
										(Signature)	
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				(Date)	
APPLICATION NO.	FILING DATE	FILING DATE		FIRST NAMED INVENT	OR	ATTOI		RNEY DOCKET NO.	CONFIRMAT	CONFIRMATION NO.	
10/808,556	03/25/2004	03/25/2004		Shoichi Suzuki		03500.018043.			4762		
TITLE OF INVENTION:	: IMAGE PICKUP DEV	ICE, WHITE B	ALANCI	E PROCESSING MET	HOD), PROGRAM, AN	D STC	RAGE MEDIUM	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE		PUBLICATION FEE D	UE	PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	DATE	DUE	
nonprovisional	NO	·····		\$300		\$0		\$1810	01/13/	2010	
EXAM	ARTUN	IT 	CLASS-SUBCLASS								
WANG, KENT F 2622 1. Change of correspondence address or indication of "Fee Address" (37)				348-223100 2. For printing on t					Cella, Harpe	***************************************	
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED C				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
PLEASE NOTE: Unit recordation as set forti (A) NAME OF ASSIC CAN	ess an assignee is ident h in 37 CFR 3.11. Com GNEE ON KABUSHIKI	tified below, no pletion of this fo	assignee orm is NC	data will appear on the Tasubstitute for filing (B) RESIDENCE: (C	ne pa g an a SITY YO,	atent. If an assigner assignment. and STATE OR C	OUNT	lentified below, the do			
Please check the appropr	iate assignee category of	r categories (Wil			~~~~						
4a. The following fee(s) are submitted: X Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies				 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number							
5. Change in Entity Sta	s SMALL ENTITY stat	us. See 37 CFR	1.27.					ΓΙΤΥ status. See 37 Cl			
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if rec	quired) will not lates Patent and	oe agegot Fradensir	ed from anyone other the A	nan t	he applicant; a regi	stered	attorney or agent; or th	e assignee or o	ther party in	
Authorized Signature	71	0.14/1 /V		anti-		Date		ovember 5, 200			
Typed or printed name Gary M. Jacobs						Registration N					
This collection of inform an application. Confiden submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 223 Under the Paperwork Re	dapplication form to the dapplication form to the dapplication form to the dapped of t	o U.S.C. 122 and the USPTO. Time arden, should be O NOT SEND I	will var sent to t FEES OR	be Chief Information COMPLETED FORM	indiv Office IS TO	vidual case. Any co er, U.S. Patent and O THIS ADDRESS	mmen Trader S. SEN	ts on the amount of tin mark Office, U.S. Dep D TO: Commissioner	ne you require artment of Con for Patents, P.(to complete	

OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE